



Employment Application

An Equal Opportunity Employer

Where did you learn about our Job Openings?

- | | | |
|--|---|---|
| <input type="checkbox"/> Zoo Employment Web Page | <input type="checkbox"/> Family Member | <input type="checkbox"/> Friend |
| <input type="checkbox"/> College Employment Web Page | <input type="checkbox"/> College Job Fair | <input type="checkbox"/> Craig's List |
| <input type="checkbox"/> Radio Announcement | <input type="checkbox"/> Zoo News | <input type="checkbox"/> Santa Barbara Zoo Job Fair |
| <input type="checkbox"/> Newspress | <input type="checkbox"/> The Independent | <input type="checkbox"/> Daily Nexus |
| <input type="checkbox"/> Other: _____ | | |

Please Print in Ink or Type

Date: _____

NOTE: Some positions may require a TB Test and/or Tetanus Shot

_____	_____	_____
Last Name	First Name	Middle

Present Address

_____	_____	_____	_____	-	_____
No. & Street	City	State	Zip		

Permanent Address (if different from present address)

_____	_____	_____	_____	-	_____
No. & Street	City	State	Zip		

(____) ____ - ____
Business Phone

(____) ____ - ____
Home Phone

E-Mail: _____

Employment Desired

Position applying for: _____

Are you applying for:

- Regular full-time work? Yes No
- Regular part-time work? Yes No
- Temporary work, e.g., summer or holiday work? Yes No

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?

From: _____ To: _____

Are you available for work on weekends? Yes No

Would you be available to work overtime, if necessary? Yes No

If hired, on what date can you start work?

Wages/Salary desired: _____

Personal Information

Have you ever applied to or worked for the Santa Barbara Zoo before? Yes No

If yes, when? _____

Do you have any friends or relatives working for the Santa Barbara Zoo? Yes No

If yes, state name(s) and relationships:

Name Relationship

Name Relationship

Why are you applying for work at Santa Barbara Zoo?

If hired, would you have a reliable means of transportation to and from work? .. Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (

Misdemeanor convictions for marijuana-related offenses that are more than two years old and convictions that have been judicially dismissed or ordered sealed pursuant to law need not be listed.)

Yes No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered. Any information regarding criminal history will be maintained confidentially.)

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

Education, Training, and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Health Care Training	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? Yes No

If yes, which language(s)? _____

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work at the Santa Barbara Zoo? Yes No

If so, please explain:

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____

Issuing state: _____

License/certification number _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer (____) ____ - ____ Telephone No.

Type of Business Your Supervisor's Name

Address & Street City State Zip

Dates of Employment: _____ Weekly Pay: _____
From To Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer (____) ____ - ____ Telephone No.

Type of Business Your Supervisor's Name

Address & Street City State Zip

Dates of Employment: _____ Weekly Pay: _____
From To Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Employment History, continued

Name of Employer Telephone No. (____) ____ - ____

Type of Business Your Supervisor's Name

Address & Street City State Zip -

Dates of Employment: _____ Weekly Pay: _____
From To Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer Telephone No. (____) ____ - ____

Type of Business Your Supervisor's Name

Address & Street City State Zip -

Dates of Employment: _____ Weekly Pay: _____
From To Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer Telephone No. (____) ____ - ____

Type of Business Your Supervisor's Name

Address & Street City State Zip -

Dates of Employment: _____ Weekly Pay: _____
From To Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

Military Service

Have you obtained any special skills or abilities as the result of service in the military? Yes No
If so, describe:

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____	_____	(____) _____ - _____
First Name	Last Name	Telephone No.
_____		_____
Address & Street	City	State Zip
_____	_____	
Occupation	No. of Years Acquainted	

_____	_____	(____) _____ - _____
First Name	Last Name	Telephone No.
_____		_____
Address & Street	City	State Zip
_____	_____	
Occupation	No. of Years Acquainted	

_____	_____	(____) _____ - _____
First Name	Last Name	Telephone No.
_____		_____
Address & Street	City	State Zip
_____	_____	
Occupation	No. of Years Acquainted	

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my
Initials chances for employment and that the answers given by me are true and correct to the best of my
knowledge. I further certify that I, the undersigned applicant, have personally completed this
application. I understand that any omission or misstatement of material fact on this application or on
any document used to secure employment shall be grounds for rejection of this application or for
immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the Santa Barbara Zoo to thoroughly investigate my references, work record,
Initials education
and other matters related to my suitability for employment and, further, authorize the references I have
listed to disclose to the company any and all letters, reports and other information related to my work
records, without giving me prior notice of such disclosure. In addition, I hereby release the company,
my former employers and all other persons, corporations, partnerships and associations from any and
all claims, demands or liabilities arising out of or in any way related to such investigation or
disclosure.

_____ At-Will nature of the employment relationship: I understand that nothing contained in the application,
Initials or conveyed during any interview which may be granted or during my employment, if hired, is
intended to create an employment contract between me and the company. In addition, I understand
and agree that if I am employed, my employment is for no definite or determinable period and may be
terminated at any time, with or without prior notice, at the option of either myself or the company, and
that no promises or representations contrary to the foregoing are binding on the company unless made
in writing and signed by me and the Company's designated representative

_____ Should a search of public records (including records documenting an arrest, indictment, conviction,
Initials civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed
by the Company, I am entitled to copies of any such public records obtained by the Company unless I
mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of
any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

_____ Date

_____ Applicant's Signature

Disclosure Statement

Applications will only be considered with a completed Disclosure Statement. Working on Zoo premises, every staff member is exposed to children. No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

Name _____ Birth Date _____
Last First Middle

Social Security # xxx-xx- Other names by which known (e.g., maiden name) _____

Driver's License # _____ State _____ Expiration Date _____

1. Previous residence(s) for last 5 years (include college and home residences):

City _____ State _____ Years _____
City _____ State _____ Years _____
City _____ State _____ Years _____
City _____ State _____ Years _____

(Continue on separate sheet if necessary.)

2. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? Yes No

If yes, please explain: (Use a separate sheet if necessary.)

3. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below? Yes No

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally retarded person
- Indecent assault and battery on a person who has obtained the age of fourteen
- Rape
- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes

If yes, please explain: (Use separate sheet if necessary.)

4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? Yes No

If yes, please explain: (Use a separate sheet if necessary.)

5. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection? Yes No

If yes, please explain: (Use a separate sheet if necessary.)

6. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? Yes No

If yes, please explain: (Use a separate sheet if necessary.)

I understand that:

- a. The above information will be considered throughout the hiring process and applicants may be denied employment based on this information.
- b. In applying for a position, the information that I have furnished on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers. If it is determined that this information has been falsified, employment may be terminated at any time.
- c. The Zoo may terminate employment or volunteer service of any person:
 - 1) Found to have a history of complaints of abuse of a minor and/or
 - 2) Found to have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor.
- d. This disclosure statement must be updated yearly.

Signature _____ Date _____

Signature of Minor's Parent or Guardian _____ Date _____